- U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT For USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2002

This re	This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.							
F. 65		READ THE INSTRUCTI		Y BEFORE PREPAR				
For Official Use SSOL/ESA Received	e Only 1. FILE NUME	BER 2. PERIO	OCOVERED MO DAY	YEAR	(a) AMENDED — If this is an amended report correcting a previously filed report, check here:			
		-867 From	07 01	1999	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:			
1.0CT 10 '00	)	Through	06 30	2000	(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:			
/\$' p . 5 "	٠, ١		8. MAILING A	8. MAILING ADDRESS (Type or print in capital letters.)				
JAME SOOEIS	`•	(E) 026-367	First Name					
CAMPENTERS A		240						
1.U 319								
1207 JAMISON	AVE SE		Last Name	Last Name				
EDANGEL, VA	24013	6/2000						
			PO Boy a Buil	ding and Room Numb	ner (if any)			
			7.0. DOX - DOI!	P.O. Box • Building and Room Number (if any)				
.* .	. (1774)							
			Number and S	treet				
4. AFFILIATION OR OF	RGANIZATION NAME		1					
5. DESIGNATION (Local	al, Lodge, etc.)	6. DESIGNATION NUMBER	City					
	· · · · · · · · · · · · · · · · · · ·							
7. UNIT NAME (if any)			State Z	IP Code + 4				
9. Are your organization's records kept at its mailing address?  (If "No," provide address in Item 56.)  Yes X No								
56. ADDITIONAL INFO	RMATION (If more space is nee	eded, attach additional pages	property identified	d.)				
Item Number								
14 REV	REVIEW BY BARBER ! GARDNER, PLL, CERTIFIED PUBLIC ACCOUNTANTS.							
17 N	WANDA WRIGHT SECRETARY AND ASSISTANT CROSS SALARY \$22,160,							
57 PRE	PRESIDENT WAS OUT OF TOWN WHEN LM-3 WAS READY FOR FILING.							
]				`				
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained								
in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI an penalties in the instructions.)								
57. SIGNED: Nay W You PRESIDENT 58. SIGNED: TREASURER								
9 1 28 1 00 (540) 365 - 73/5 (If other title, see instructions.) 9 1 28 1) 00 (540) 343 2/2/ see instructions.)								
Date	Telep	phone Number		Date	Telephone Number			

During the Deporting Period Did Your Organization			19. How many members did your
During the Reporting Period Did Your Organization:  10. Have a "subsidiary organization" as defined in	Yes	No X	organization have at the end of the reporting period?
Section X of the instructions?		X	20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?
12. Have a political action committee (PAC) fund?		X	21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than Yes No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X	rates of dues and fees) or in practices/ procedures listed in the instructions?
Have an audit or review of its books and records     by an outside accountant or by a parent body     auditor/representative?	×		attach two new dated copies. If practices/ procedures have changed, see the instructions.)
15. Discover any loss or shortage of funds or		X	22. What is the date of your organization's next regular election of officers?  MO YEAR  06 200
other property?			23. What are your organization's rates of dues and fees?  (Enter a minimum and maximum if more
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or			than one rate applies for any line.)
more as an officer or employee of another labor organization or of an employee benefit plan?		X	Rates of Dues and Fees
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?	X		(a) Regular Dues/Fees \$ \(\frac{\( \sigma \)}{32.50} \) per \(\frac{\( \sigma \) \( \text{NTH} \)}{\( \text{Month, Year, etc.} \)}
18. Have loans totaling more than \$250 to any officer,	, .		(b) Initiation Fees \$
employee, or member, or make any loans to a business enterprise?		X	(c) Transfer Fees \$
(If the answer to any of the above questions is "Yes," provide in Item 56 on page 1 as explained in the instructions for eac	detail h item	(s .)	(d) Work Permits \$\frac{26.50/32.50}{(Month, Year, etc.)}\$

24. ALL OFFICERS AND DISBURSEMENTS
TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 036-867

(A) Name (List all persons who held office during the reporting p they received no salary or other disbursements. Use (B) Title (Enter title of officer, such as PRESIDENT or TREASUR	all capital letters.) Status	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. MONTGOMERY  CI		0	0	0
TIME PRESIDENT	Status C			
Last Name First Na				
	HARLES	Ó	0	0
Title V   CE PRESIDENT  Last Name First Na	Status N	_		
1101776	AMES	0	685	685
THE TREASURER FIN SEC	C. Status C			
Last Name First Na 4. 30 H N S O N 67 F	1			
<b>'</b>	1 R 1	0	0	C
Title RECORDING SECRETA  Last Name First Na				
5. BIGGS	1 RK	0	0	0
Title CONDUCTOR	Status N			
6. TAYLOR 5irst Nau	MES	0	0	0
Title WARDEN	Status N			
Last Name First Na. 7.	me			
Title	Status			, .
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8		0	685	685
			10. Less Deductions	<u></u>
Enter the Total from Line 11 in	11. Net Disbursements	685		
Code for Status (C): past officer — P; continuing officer — C; new of	officer during the report	ing period — N. (if any	officer was not elected at a regul rganization's constitution and bylaws	lar election in accordance wit

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	ASSETS Item	Start of Reporting Period (A)		LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
ES	25. Cash	23768	25465	32. Accounts Payable	٥	٥
.A BILITI	26. Loans Receivable	0	0	33. Loans Payable	0	0
STATEMENT TS AND LIAB	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
ATE	28. Investments	0	0	35. Other Liabilities	657	906
SSETS	29. Fixed Assets	0	0	36. TOTAL LIABILITIES	657	906
ASS	30. Other Assets	0	0			
	31. TOTAL ASSETS	23768	25 465	37. NET ASSETS (Item 31 less Item 36)	23111	24559

	CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
	38. Dues	22775	45. To Officers (from Item 24)	685
ENTS	39. Per Capita Tax	0	46. To Employees (less deductions)	15846
EME	40. Fees, Fines, Assessments & Work Permits	3 503	47. Per Capita Tax	0
TB URSI	41. Interest & Dividends	125	48. Office & Administrative Expense	14030
STATEMENT B AND DISBUR	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	1150
ATE	43. Other Receipts	18961	50. Benefits	0
E	44. TOTAL RECEIPTS	45364	51. Contributions, Gifts & Grants	0
RECEIP			52. Purchase of Investments & Fixed Assets	0
#	If total receipts reported in Item 44 or more, your organization must file		53. Loans Made	0
	instead of this form.	F FUIIII LIYI-Z	54. Other Disbursements	12205
			55. TOTAL DISBURSEMENTS	43916